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Bib Data Sheet

CONFIRMATION NO. 3548

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|---|---|---|--|--|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| SERIAL NUMBER 09/754,468 | FILING DATE 01/04/2001 RULE | CLASS 514 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. 0450-0033.30 | | | | | | |
| APPLICANTS Patrick L. Iversen, Corvallis, OR; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/174,484 01/04/2000 ** FOREIGN APPLICATIONS ***** <div style="text-align: right;">93</div> | | | | | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/> <u>93</u> Examiner's Signature Initials | | ** SMALL ENTITY ** <table border="1"> <tr> <td>STATE OR COUNTRY OR</td> <td>SHEETS DRAWING 5</td> <td>TOTAL CLAIMS 41</td> <td>INDEPENDENT CLAIMS 5</td> </tr> </table> | | | STATE OR COUNTRY OR | SHEETS DRAWING 5 | TOTAL CLAIMS 41 | INDEPENDENT CLAIMS 5 | | |
| STATE OR COUNTRY OR | SHEETS DRAWING 5 | TOTAL CLAIMS 41 | INDEPENDENT CLAIMS 5 | | | | | | | |
| ADDRESS 22918 | | | | | | | | | | |
| TITLE Antisense antibacterial cell division composition and method | | | | | | | | | | |
| FILING FEE RECEIVED 689 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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